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13-40
17-39
X23159

Registration District No. 427

Primary Registration District No. 4254

Registrar's No. 24

1. PLACE OF DEATH: Johnson
 (a) County Johnson
 (b) City or town Kingsville Kingsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: —
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution — (Specify whether
 In this community. —
 years, months or days)

3. (a) PRINT FULL NAME Dora Jones

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife A. P. Jones 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased November 28 1863
 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 17 If less than one day — hr. — min.

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business —

MOTHER FATHER
 12. Name Benj. Lewis
 13. Birthplace Independence Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Esther Alder
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Johnson
(b) Address Kingsville Mo

17. (a) Burial (b) Date thereof June 17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingsville cemetery

18. (a) Signature of funeral director W. Beckerman
(b) Address Strasburg Mo

19. (a) June 18, 1941 (b) Thos. B. V. Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Kingsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. — (If rural, give location)
 (e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour 11:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 28, 1941, to JUNE 15, 1941;
that I last saw h. ER alive on JUNE 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Obstruction of the Common Duct.
Probably
 Due to a calculus or malignancy of the head of the pancreas.

Duration 3 mo.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 468
 Of autopsy —

PHYSICIAN —
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3rd

(e) Means of injury — (Specify type of place) While at work? —

23. Signature W. Beckerman (M. D. or other) —
Address Strasburg Mo Date signed 6/15/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *T. Goodman*

Licensed Embalmer No. *2424*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.